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Pages: 15
Date/Time: 11/23/2005 5:08:13 PM
Subject: Application 10/750,354

Following please find:

Transmittal Form - 1 page
Petition for Extension of Time Form - 1 page
Credit Card Payment Form - 1 page
Amendment - 10 pages
Final Page of Amendment with Signature - 1 page

If there are any questions or problems with this submission, please contact me at 502-220-1184.

Regards,

Joan Simunic
Reg. 43,125

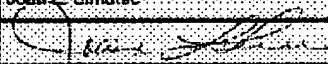
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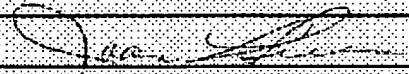
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TRANSMITTAL FORM	Application Number	10750.354	
	Filing Date	12/31/2003	
	First Named Inventor	Wolfe	
	Art Unit	1755	
	Examiner Name	Jazzmine M. Brown	
(To be used for all correspondence after initial filing)		Attorney Docket Number	20031027-001
Total Number of Pages in This Submission		14	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Part/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD: Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Joan L. Simuric		
Signature			
Printed name	Joan L. Simuric		
Date	November 23, 2005	Reg. No.	43,125

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Date	November 23, 2005

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